

LICENSE FEE:

\$100.00

Payable to State of Michigan



DEPT. USE ONLY

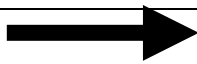
Region	CO CODE
LICENSE #	DATE ISSUED

PESTICIDE & PLANT PEST MANAGEMENT DIVISION

PESTICIDE APPLICATION BUSINESS LICENSE RENEWAL FOR 2006*****Note: Your existing license expires 12/31/2005*****

IN ACCORDANCE WITH THE PROVISIONS OF ACT NO. 451 PART 83, PUBLIC ACTS OF 1994 AS AMENDED, APPLICATION IS HEREBY MADE FOR COMMERCIAL PESTICIDE APPLICATOR'S LICENSE.

PLEASE READ INSTRUCTIONS ON BACK PRIOR TO COMPLETING THIS APPLICATION

1.	2. COUNTY	RENEWAL <input type="checkbox"/>	DECLINE LICENSE <input type="checkbox"/>
	3. EMERGENCY NAME AND PHONE NUMBER (24 hour number & contact person)		
	4. EMAIL ADDRESS		
	5. MAILING ADDRESS IF DIFFERENT FROM LABEL PLEASE USE REVERSE SIDE 		
6. BUSINESS PHONE		7. BUSINESS FAX	

APPLICATOR CERTIFICATION REQUIREMENTS**8.** The business must employ at least one full-time certified applicator at each business location, available during regular business hours, in each appropriate category(s). How many certified applicators do you employ? [] List ALL using an additional sheet if necessary.

NAME OF APPLICATOR	CERTIFICATION NUMBER	EXPIRES (MO-DAY-YR)
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9. INDICATE CATEGORY (S)(See Regulation Number 636 as amended, Rule Number 3 for descriptions of categories)

- | | | | |
|---|--|---|--|
| <input type="checkbox"/> 1A. Field Crops | <input type="checkbox"/> 3A. Turfgrass Pest Management | <input type="checkbox"/> 5C. Sewer Line Pest Management | <input type="checkbox"/> 7F. Mosquito Mgmt |
| <input type="checkbox"/> 1B. Vegetable Crops | <input type="checkbox"/> 3B. Plants & Shade Tree Pest Mgmt | <input type="checkbox"/> 6. Right-of-Way Pest Management | <input type="checkbox"/> 7G. Domestic Animal Pest Management |
| <input type="checkbox"/> 1C. Fruit Crops | <input type="checkbox"/> 4. Seed Treatment | <input type="checkbox"/> 7A. General Pest Management | <input type="checkbox"/> Fumigation |
| <input type="checkbox"/> 1D. Livestock Pest Mgmt | <input type="checkbox"/> 5. Aquatic Pest Management | <input type="checkbox"/> 7B. Wood Destroying Organism Mgmt | <input type="checkbox"/> Aerial Applications |
| <input type="checkbox"/> 2. Forest Pest Mgmt | <input type="checkbox"/> 5A. Swimming Pools | <input type="checkbox"/> 7D. Vertebrate Pest Management | Other(s) _____ |
| <input type="checkbox"/> 2A. Forest Products Preserv. | <input type="checkbox"/> 5B. Microbial Pest Management | <input type="checkbox"/> 7E. Interior Plant Pest Management | |

10.**ADDING A NEW CATEGORY ONLY**Act 451 Part 83, as amended, provides certain experience and/or degree requirements as qualification for a license. A notarized statement listing the firm name, phone number, and pesticide application experience and/or college degree information for the qualifying individual for the firm must be attached to this application. **Use Form PI-217.**

11. CORPORATION IN MICHIGAN (INCLUDING LLC) <input type="checkbox"/> YES <input type="checkbox"/> NO State: _____ ID # DATE FILED:	12. ENCLOSE COPY OF ASSUMED NAME <input type="checkbox"/> Expiration Date:	13. ENCLOSE COPY OF INSURANCE <input type="checkbox"/> Expiration Date:
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ALL LICENSE APPLICANTS**14.** This is to certify that the foregoing is true and accurate to the best of my knowledge and belief and that I will comply with the provisions of Act No. 451 Part 83, P.A. of 1994 as amended and all regulations promulgated thereunder.

PRINT APPLICANT NAME	TITLE
APPLICANT (Signature)	DATE

THIS LICENSE WILL NOT BE ISSUED WITHOUT THE ABOVE SIGNATURE, TITLE & DATE!

LICENSE RENEWAL APPLICATION INSTRUCTIONS

1. Review the renewal business license information in this box to verify that the firm's name is correct (full legal name of the business per current articles of incorporation or current assumed name certificate). If the firm name or address is incorrect, please make the necessary corrections by drawing a line through the printed firm name or address. The correct firm name and/or address can be written beside the old firm name and/or address. **NOTE: POST OFFICE BOXES ARE NOT ACCEPTABLE FOR LICENSE ISSUANCE (a street address is required).**
2. Check the name of the county where the business of the address in box 1 is located for accuracy. If the county name is incorrect, please make the necessary corrections by drawing a line through the printed county name. The correct county name can be written beside the incorrect county name. Also, check the RENEWAL box if you plan on renewing your license for 2006. **If you are NOT operating this business in 2006, check the DECLINE LICENSE box and return application to this office.**
3. Fill in the name and telephone number of a representative of the firm who may be reached 24 hours of the day in the event of an emergency.
4. If the firm has a business e-mail address, write it in this box.
5. If the firm's mailing address is different from the street address in box 1, please check this box and enter the mailing address on the reverse side of this renewal application.
6. Check telephone number listed in this box - if incorrect, draw a line through it and enter correct number.
7. If the firm has a business fax number enter that information in this box
8. Verify all certified applicator's names, certification numbers and expiration dates. To add additional certified applicators employed by your firm - write information in the empty spaces. If there are more than five certified applicators employed, use an additional sheet to provide that information and attached to renewal application when submitting to MDA. Delete an applicator by drawing a line through their information.
9. Verify the box(es) for requested category(s) of licensing. See Regulation 636 as amended, for descriptions of categories. **NOTE: THE BUSINESS MUST EMPLOY AT LEAST ONE FULL TIME CERTIFIED APPLICATOR AT EACH BUSINESS LOCATION, AVAILABLE DURING REGULAR BUSINESS HOURS, WHO IS CERTIFIED IN THE CATEGORIES OF PESTICIDE APPLICATION THE FIRM INTENDS TO CONDUCT BUSINESS IN.** If the category(s) is not listed on your business license renewal form that means your firm is not licensed for that category or categories. If you wish to add a category, you must comply with the instructions in box #10. Also, if you wish to delete a category(s), draw a line through it.
10. Someone at the firm must provide pesticide application experience and/or college degree information, in notarized statement, as specified in Act 451, Part 83, Pesticide Control, Section 8313.
For adding new categories only (Use Form PI-217), at least one of the following requirements must be met:
 - a) Service for not less than 2 application seasons as an employee of a commercial applicator, or comparable education and experience as determined by the director.
 - b) A baccalaureate degree from a recognized college or university in a discipline that provides education regarding pests and the control of pests and 1 application season of service as an employee of a commercial applicator.A notarized statement listing the firm name, address and phone number, and pesticide application experience and/or college degree information for the qualifying individual for the firm must be attached to this application. **This form must be NOTARIZED by a Notary Public.**
11. If the business is a Michigan Corporation (including limited liability corporation), check YES and fill in the current incorporation ID# and date filed. If it is a corporation in a state other than Michigan, indicate the state's initials and provide the ID# and date filed for that state. **NOTE: Out of state companies must be authorized to conduct business in the State of Michigan. A copy of that authorization must be on file with MDA.** You can apply for this authorization at the Michigan Department of Labor & Economic Growth, Michigan Corporation Division (MCD), telephone (517) 241-6470, fax (517) 334-8329 or more information can be found at their website at www.michigan.gov/corporations.
12. If the business is not a corporation and either (a) operates under an assumed name or (b) is a partnership, check this box and indicate the expiration date. You are required to enclose a copy of the business assumed name document with this renewal application.
13. Check insurance box and enclose copy of your certificate of liability insurance.
NOTE: THE MINIMUM LIABILITY INSURANCE REQUIREMENTS AS SPECIFIED IN SECTION 8313, ACT 451, PART 83 PESTICIDE CONTROL, AND REGULATION 636, RULE 14.
14. Please print name, sign, title, and date the application. **YOUR LICENSE WILL NOT BE ISSUED WITHOUT THE SIGNATURE OF THE APPLICANT.**

MAILING ADDRESS OF PRINCIPLE PLACE OF BUSINESS (IF DIFFERENT FROM FRONT LABEL)		
BUSINESS NAME		
MAILING ADDRESS		
CITY	STATE	ZIP CODE